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236. BURIAL CREMATION, 23b. DATE 23c. NAME OF CREMATORY 23d. LOCATION (City, town, or county) (State) Partial July 17,1962 Harwood Cemetery Harwood Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Ferry Funeral Home Nevada, Missouri 7-24-1962 Command & July)	ا ≷ پس				Death occurred at		6 A U.m on/in		nd to the best of	my knowledger from the	
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I hereby	certify that th	ne body whose name	is recorded o	n the reverse	side of this certificate was embalmed by me,
or by					, Student Embalmer No
working under m	y personal su	pervision.	•	4	
Student	Signature of S	tudent Embalmer	Sign	ned A.	Sugles Ferry
					Licensed Embalmer No. 4968
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.